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Medicaid Managed Care Open Enrollment Begins Soon

Medicaid members can choose a new MCO from Aug. 20-Oct. 19

FRANKFORT, Ky. (Aug. X, 2012)—The Kentucky Department for Medicaid Services announced that Medicaid recipients in 104 Kentucky counties will have the opportunity to select coverage by a new managed care organization (MCO) during this year's annual open enrollment period Aug. 20-Oct. 19.

Members are being notified by letter of the open enrollment period and about the options provided by CoventryCares of Kentucky, Kentucky Spirit Health Plan and WellCare of Kentucky. Open enrollment is an annual event for Medicaid managed care members and there is no cost to members to switch coverage. Members who choose to keep their current coverage do not need to take any action.

This open enrollment period does not apply to members in Region 3, which includes Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble and Washington counties.

"One of our goals with Medicaid managed care is to give our members more options when choosing their health coverage. The open enrollment process is a vital component of that, allowing members to decide whether to stay with their current MCO or switch to a new one, based on provider networks and other factors," said Lawrence Kissner, commissioner of Medicaid. "Managed care is helping us move toward more appropriate, efficient, economical and effective care for Kentucky's Medicaid population."

The MCO contact numbers for members wishing to contact MCOs directly for more information about coverage options and network providers are: CoventryCares of Kentucky, (855) 300-5528; Kentucky Spirit Health Plan, (866) 643-3153; and WellCare of Kentucky, (877) 389-9457. Members seeking assistance from Medicaid or who would like to change MCOs should call the Medicaid hotline at (855) 446-1245 during the open enrollment period to speak to a member representative.

All MCO changes will take effect Nov. 1. Members who elect to change will continue to receive benefits from their current MCO until that date. They will also receive a letter verifying the new MCO assignment. Once enrolled in the new MCO, the member will have 90 days to change to a different MCO. After 90 days, the member will receive coverage through that MCO until the next open enrollment period, unless there is a reason for that requirement to be waived.



For more information, visit <http://chfs.ky.gov/dms/member+information.htm> or call the Medicaid hotline at 1 (855) 446-1245 from 8 a.m.-6 p.m. EDT.

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The Cabinet for Health and Family Services is home to most of the state's human services and health care programs, including Medicaid, the Department for Community Based Services and the Department for Public Health. CHFS is one of the largest agencies in state government, with nearly 8,000 full and part-time employees throughout the Commonwealth focused on improving the lives and health of Kentuckians.